

## RESOURCE FAMILY APPROVAL

**Note:** The Community Care Facilities Act beginning with Section 1500 of the California Health and Safety Code authorizes the State Department of Social Services to license agencies to engage in home finding functions. The Foster Family Agency listed below is authorized by the Community Care Licensing Division of the State Department of Social Services to recruit, train, select and approve for exclusive use certain homes that meet state licensing standards and are suitable for the Foster Family Agency's placement need. A residential home selected and approved for exclusive use for the reception and care of children placed by the Foster Family Agency is exempt from the requirement of licensure, but must otherwise meet licensing standards. This form is used as an authorization by the Foster Family Agency to verify that a selected home is approved for exclusive placement. The original shall be maintained in the home. A copy shall be maintained in file at the agency.

*In accordance with applicable provisions of the Health and Safety Code of California and Interim Licensing Standards of the California State Department of Social Services, the licensed Foster Family Agency shown below hereby grants approval to:*

Resource Family: \_\_\_\_\_

Resource Family Address: \_\_\_\_\_  
\_\_\_\_\_

*To receive and provide care for children placed by the agency.*

This Approval:

1. Does not permit the acceptance of children for care from any other agency, individual, parent or guardian.
2. Is not transferable; is limited to the terms of the approval, and is valid for one year but may be terminated earlier at the discretion of the Foster Family Agency.
3. Is granted upon the following conditions:

Capacity: \_\_\_\_\_ Age Range of Children: \_\_\_\_\_

Ambulatory Status of Home: \_\_\_\_\_

Client Preferences: \_\_\_\_\_

Specific Limitations: \_\_\_\_\_

Is the approval child/NMD - specific? ☐ Yes ☐ No If Yes, refer to LIC 01(C)

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I hereby certify that the above named caregiver(s) meets the licensing standards in California Administrative Code, Title 22, Division 6, as well as those found in the foster family agency Interim Licensing Standards.

\_\_\_\_\_  
Foster Family Agency

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Foster Family Agency Administrator Or Designee

\_\_\_\_\_  
Title